



Uniform Medical Plan

Your health. Your plan. Your choice.

Chiropractor Fee Schedule

Effective 7/1/2010

The procedure codes and fee schedule amounts in this document do not necessarily indicate coverage or payment. All coverage and payments are subject to plan benefits, exclusions, limitations, and pre-authorization requirements. For detailed billing and coverage information, refer to the Uniform Medical Plan (UMP) *Billing and Administrative Manual for Professional Providers* and *Certificate of Coverage*.

Fees in this publication are subject to change without notice. Although we make every effort to ensure the accuracy of the fees in our publications, changes or corrections may occur throughout the year.

Visit the UMP web site at www.ump.hca.wa.gov to download the latest versions of this fee schedule, and all other UMP publications mentioned in this document.

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UMP Chiropractor Fee Schedule

Effective 7/1/2010

Contents

Policy and Pricing Information..... *Pages 3-5*

- RBRVS Pricing
- Payment Policy for Evaluation and Management Services
- Multiple Procedure Rules for Spinal and Extraspinal Manipulative Treatment
- Complementary and Preparatory Services
- Recordkeeping Guidelines

Fee Schedule Allowed Amounts *Pages 6-8*

UMP Chiropractor Fee Schedule

Effective 7/1/2010

Policy and Pricing Information

The Uniform Medical Plan (UMP) July 1, 2010 Chiropractor Fee Schedule contains the maximum allowances used to reimburse services provided by chiropractors. Procedure codes not listed on this fee schedule are not covered.

This fee schedule does not contain CPT[®] code descriptions. For billing purposes, please refer to current CPT[®] and HCPCS level II coding references, which include complete descriptions of the codes.

For plan benefit information refer to the UMP *Certificate of Coverage*. For billing instructions and payment policies refer to the UMP *Billing and Administrative Manual for Professional Providers*.

UMP publications are available on UMP Web site at www.ump.hca.wa.gov. If you have any questions, please call (206) 521-2023 (within the Seattle area) or toll free at 1-800-292-8092.

RBRVS Pricing

The majority of the fee schedule amounts are based on the Resource Based Relative Value Scale (RBRVS) method. The RBRVS maximum allowances are calculated by multiplying the UMP conversion factor by geographically adjusted relative value units (RVUs).

Effective for dates of service on or after July 1, 2010, the **UMP RBRVS conversion factor is \$55.00**.

The RVUs for most services are based on the Centers for Medicare & Medicaid Services (CMS) 2010 Relative Value Files, available on the CMS web site: www.cms.hhs.gov/PhysicianFeeSched/.

The RVUs are geographically adjusted using the CMS Geographic Practice Cost Indices (GPCIs) for Washington State. The statewide GPCIs are listed in the table below.

RVU Component	WA State GPCI
Work	0.995
Practice Expense	1.007
Malpractice	0.697

The GPCI'd RVU totals are calculated by the following formula:

$$\begin{aligned} \text{GPCI'd RVUs} = & \\ & (\text{work RVUs} \times \text{work GPCI}) + \\ & (\text{practice expense RVUs} \times \text{practice expense GPCI}) + \\ & (\text{malpractice RVUs} \times \text{malpractice GPCI}) \end{aligned}$$

The RBRVS maximum allowances are determined by the following formula:

$$\text{UMP Maximum Allowable Fee} = \text{UMP RBRVS conversion factor} \times \text{GPCI'd RVUs}$$

The UMP maximum allowances for chiropractic services are equal to the rates in the UMP *Professional Provider Fee Schedule* or UMP *Prosthetics and Orthotics Fee Schedule*.

Please note: Some billed services and supplies may require medical records for UMP coverage decisions.

UMP Chiropractor Fee Schedule

Effective 7/1/2010

Payment Policy for Evaluation and Management Services

UMP follows the CPT® definitions for E&M services for new and established patients. If a provider has treated a patient for any reason within the last three years, the person is considered an established patient. (See CPT® for complete code descriptions, definitions, and guidelines.)

Chiropractic physicians may report the first four levels of CPT® new patient office visits codes (99201-99204) and the first four levels of CPT® established patient office visit codes (99211-99214) for UMP payment consideration.

New Patient E&M Services (99201-99204)

A new patient E&M office visit code is payable only once within a three year period. The use of modifier -22 will not be considered in the payment determination. New patient E&M office visit codes are payable with manipulation codes **only when all of the following conditions are met:**

- The E&M service constitutes a significant separately identifiable service that exceeds the usual pre and post service work included in the manipulation visit; and
- Modifier -25 is added to the new patient E&M code; and
- Supporting documentation describing the service(s) provided is included in the patient's record.

Established Patient E&M Services (99211-99214)

An established patient E&M office visit code is not payable on the same day as a new patient E&M office visit code. The use of modifier -22 will not be considered in the payment determination. Established patient E&M codes are not payable in addition to manipulation codes for follow up visits except when all of the following conditions are met:

- The E&M service is for the **initial visit** for a **new condition or new injury**; and
- The E&M service constitutes a significant separately identifiable service that exceeds the usual pre and post service work included in the manipulation visit; and
- Modifier -25 is added to the E&M code; and
- Supporting documentation describing the service(s) provided is included in the patient's record.

When a patient requires re-evaluation for an existing condition or injury, either an established patient E&M CPT® code (99211-99214) or a chiropractic manipulation (98940-98943) is payable. Payment will not be made for both. Modifier -25 does not apply in this situation.

Multiple Procedure Rules for Spinal and Extraspinal Manipulative Treatment

Multiple procedure rules apply when spinal and extraspinal manipulative treatment are provided on the same date of service. Report modifier -51 with CPT® code 98943 in this circumstance.

It is inappropriate to report more than one unit in the units field on the claim for any of the chiropractic manipulation codes (CPT® 98940-98943) unless a second office visit is medically necessary for additional manipulation treatment on the same date of service.

If more than one visit is billed on the same date of service, medical records will be required.

UMP Chiropractor Fee Schedule

Effective 7/1/2010

Complementary and Preparatory Services

Patient education or complementary and preparatory services are not separately reimbursed.

Complementary and preparatory services are defined by the UMP as interventions that are used to prepare a body region for or facilitate a response to a spinal or extremity manipulation/adjustment. For example, the application of heat or cold is considered a complementary and preparatory service that is not separately payable.

Recordkeeping Guidelines

Uniform Medical Plan (UMP) requires that all services eligible for reimbursement be medically necessary. To document medical necessity, physician recordkeeping should meet the following expectations:

- **Legibility:**

All treatment records must be both legible and understandable to a qualified reviewer. This includes legible handwriting as well as recognized abbreviations and terminology. A reviewer must be able to evaluate and follow the treatment plan as it is initially set forth and as it is revised over time as the condition warrants.

- **Standards:**

Clinical records or treatment notes should be consistent with the standards outlined in Washington licensure statutory code (WAC 246-808-560). A history should be taken that indicates patient status at the time of the initial visit or at the onset of the new condition. Documentation for each visit should encompass the elements of the standard "S.O.A.P." format, as outlined below:

S - Subjective Complaint: Include a brief description of symptoms and complaints, in the patient's own words whenever possible. Improvements, exacerbations and changes since the previous visit should be documented. New conditions should be reflected in additional history. One-word entries, such as "better", "worse", "same", "headache", or "back pain" are not sufficiently descriptive. Records should describe the type of pain, and its location, intensity, frequency, and duration. Other complaints should be documented in similar detail.

O - Objective Findings: In this section, treatment records should document the physician's observations. Examination forms may be referred to. Records of subsequent visits should document any changes in the initial findings and any other new data that may be relevant. Findings should be adequately qualified and quantified to facilitate assessment of progress and response to care over time.

A - Assessment: Document your analysis of the information gathered during the exam and provide a diagnostic impression or differential diagnosis. On follow-up visits this should reflect changes in the subjective report and objective findings, including the response to treatment.

P - Procedures / Plan: Describe the procedures performed that day, including the specific treatment delivered, patient instructions, orthotic prescriptions, and any referrals. The planned frequency and duration of treatment and expected outcome should also be documented.

UMP Chiropractor Fee Schedule

Effective 7/1/2010

Chiropractic Manipulative Therapy

Code	Mod	Max Allowable
98940		\$37.95
98941		\$52.25
98942		\$68.20
98943		\$35.20

Evaluation & Management

Code	Mod	Max Allowable
99201		\$58.85
99202		\$101.75
99203		\$147.40
99204		\$228.80
99211		\$29.15
99212		\$58.85
99213		\$99.00
99214		\$147.95
99241*		Not covered by UMP
99242*		Not covered by UMP
99243*		Not covered by UMP
99244*		Not covered by UMP
99245*		Not covered by UMP

*Effective July 1, 2010, UMP is following Medicare's policy of not covering consultation codes 99241-99255. Consultation services should be reported using other E&M codes as appropriate.

All Other Services

Code	Mod	Max Allowable
29049		\$121.00
29055		\$283.80
29058		\$151.80
29065		\$127.60
29075		\$118.80
29085		\$125.40
29086		\$98.45
29105		\$116.60
29125		\$91.85
29126		\$105.60
29130		\$55.55
29131		\$69.30
29200		\$73.70
29240		\$80.30
29260		\$70.40
29280		\$68.20
29305		\$319.00
29325		\$354.75
29345		\$182.60
29355		\$188.65
29358		\$207.35
29365		\$163.90
29405		\$119.90
29425		\$129.25
29435		\$160.05
29440		\$71.50
29445		\$197.45
29450		\$206.80
29505		\$104.50
29515		\$96.80
29520		\$68.20
29530		\$71.50
29540		\$57.75
29550		\$56.65
71100		\$47.85
71100	26	\$17.05
71100	TC	\$30.80
71101		\$57.20
71101	26	\$20.35
71101	TC	\$36.85

Code	Mod	Max Allowable
71110		\$58.85
71110	26	\$20.35
71110	TC	\$38.50
71111		\$75.90
71111	26	\$24.20
71111	TC	\$51.70
71120		\$47.30
71120	26	\$15.40
71120	TC	\$31.90
71130		\$54.45
71130	26	\$17.05
71130	TC	\$37.40
72010		\$103.95
72010	26	\$33.55
72010	TC	\$70.40
72020		\$35.20
72020	26	\$12.10
72020	TC	\$23.10
72040		\$55.00
72040	26	\$17.05
72040	TC	\$37.40
72050		\$76.45
72050	26	\$23.65
72050	TC	\$52.25
72052		\$95.70
72052	26	\$27.50
72052	TC	\$68.20
72069		\$52.25
72069	26	\$17.05
72069	TC	\$35.20
72070		\$48.95
72070	26	\$17.05
72070	TC	\$31.90
72072		\$55.55
72072	26	\$17.05
72072	TC	\$38.50
72074		\$64.90
72074	26	\$17.05
72074	TC	\$47.85
72080		\$51.70
72080	26	\$17.05

UMP Chiropractor Fee Schedule

Effective 7/1/2010

Code	Mod	Max Allowable
72080	TC	\$34.65
72090		\$69.85
72090	26	\$22.55
72090	TC	\$47.30
72100		\$57.75
72100	26	\$17.05
72100	TC	\$40.15
72110		\$79.20
72110	26	\$23.65
72110	TC	\$55.00
72114		\$105.05
72114	26	\$28.05
72114	TC	\$77.00
72120		\$72.05
72120	26	\$17.05
72120	TC	\$54.45
72170		\$38.50
72170	26	\$13.20
72170	TC	\$25.30
72190		\$58.85
72190	26	\$16.50
72190	TC	\$41.80
72200		\$42.90
72200	26	\$13.20
72200	TC	\$29.70
72202		\$50.60
72202	26	\$14.85
72202	TC	\$35.75
72220		\$42.35
72220	26	\$13.20
72220	TC	\$29.15
73000		\$40.70
73000	26	\$12.65
73000	TC	\$28.05
73010		\$42.35
73010	26	\$13.20
73010	TC	\$29.15
73020		\$34.65
73020	26	\$11.55
73020	TC	\$23.10
73030		\$43.45
73030	26	\$14.30
73030	TC	\$29.15

Code	Mod	Max Allowable
73050		\$53.90
73050	26	\$15.95
73050	TC	\$37.40
73060		\$42.35
73060	26	\$13.20
73060	TC	\$29.15
73070		\$40.15
73070	26	\$11.55
73070	TC	\$28.60
73080		\$50.60
73080	26	\$13.20
73080	TC	\$37.40
73090		\$40.15
73090	26	\$12.10
73090	TC	\$28.05
73092		\$41.80
73092	26	\$12.10
73092	TC	\$29.70
73100		\$42.90
73100	26	\$12.65
73100	TC	\$30.25
73110		\$51.15
73110	26	\$13.20
73110	TC	\$37.95
73120		\$39.60
73120	26	\$12.10
73120	TC	\$27.50
73130		\$45.65
73130	26	\$13.20
73130	TC	\$32.45
73140		\$43.45
73140	26	\$10.45
73140	TC	\$33.00
73500		\$37.40
73500	26	\$13.20
73500	TC	\$24.20
73510		\$54.45
73510	26	\$16.50
73510	TC	\$37.40
73520		\$58.30
73520	26	\$19.80
73520	TC	\$37.95
73540		\$56.65

Code	Mod	Max Allowable
73540	26	\$15.95
73540	TC	\$40.15
73550		\$40.70
73550	26	\$13.20
73550	TC	\$27.50
73560		\$42.35
73560	26	\$13.20
73560	TC	\$29.15
73562		\$51.15
73562	26	\$14.30
73562	TC	\$36.30
73564		\$59.40
73564	26	\$17.05
73564	TC	\$41.80
73565		\$46.20
73565	26	\$13.75
73565	TC	\$32.45
73590		\$40.15
73590	26	\$13.20
73590	TC	\$26.95
73592		\$42.35
73592	26	\$12.10
73592	TC	\$30.25
73600		\$40.15
73600	26	\$12.10
73600	TC	\$28.05
73610		\$46.20
73610	26	\$13.20
73610	TC	\$33.00
73620		\$39.05
73620	26	\$12.10
73620	TC	\$26.95
73630		\$45.65
73630	26	\$13.20
73630	TC	\$32.45
73650		\$39.60
73650	26	\$12.10
73650	TC	\$27.50
73660		\$40.70
73660	26	\$9.90
73660	TC	\$30.80
76140		Not Covered
77071		Not Covered

UMP Chiropractor Fee Schedule

Effective 7/1/2010

Code	Mod	Max Allowable
95831		\$40.70
95832		\$38.50
95833		\$53.35
95834		\$64.35
95851		\$25.30
95852		\$20.35
97010		Bundled
97012		\$22.55
97016		\$24.20
97018		\$12.65
97022		\$28.05
97026		\$7.70
97034		\$23.65
97036		\$40.70
97039		Bundled
97110		\$43.45
97112		\$45.10
97113		\$54.45
97116		\$38.50
97124		\$35.20
97140		\$40.70

Code	Mod	Max Allowable
97150		Bundled
97530		\$46.75
97535		Not Covered
97545		By Report
97546		By Report
97750		\$44.55
97799		Bundled
97802		Not Covered
97803		Not Covered
97804		Not Covered
99002		Bundled
99050		\$19.25
99051		Bundled
99056		Bundled
99058		Bundled
99070		Not Covered
99071		Not Covered
99078		Not Covered
A9270		Not Covered
A9300		Not Covered
E0210		Not Covered

Code	Mod	Max Allowable
E0238		Not Covered
E0856		By Report
E0890		By Report
E1399		By Report
L0120		\$29.95
L0130		\$166.66
L0140		\$72.27
L0200		\$559.82
L0220		\$111.54
L3000		\$277.61
L3001		Not Covered
L3002		Not Covered
L3003		Not Covered
L3010		Not Covered
L3020		Not Covered
L3030		Not Covered
L3040		Not Covered
L3050		Not Covered
L3060		Not Covered
L3350		Not Covered